

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 11/13/2005		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 11/15/2005					
		FINANCIAL PAYER: NCDMM					
						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
						FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404904	WESTERN HIGHLAN DS LME	8329	183	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA			
		191	38	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	293	14765
							14472
		8599	38	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404910	PATHWAYS	8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		3404	7	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	42	1341
							1084
		8518	6	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE			
3404912	CATAWBA COUNTYM ENTAL HEALT	8932	34	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
		8931	27	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	62	111	955
							844
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404913	MECKLENBURG COM ENTAL HEALT	8518	257	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE			
		8599	145	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	68	618	1769
							1151
		10	122	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR			
3404916	CROSSROADS BEHA VIORAL HEAL	3404	1	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD			
		0	0		0	1	290
							289
3404917	CENTERPOINT HUM AN SERVICES	8518	116	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE			
		10	88	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	28	326	4026
							3700
		143	43	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE			
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8931	59	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	53	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	67	262	6440	6178
		21	52	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL L AREA MH D	8505	1225	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		0	0		0	1225	1225	0
3404921	ORANGE PERSON C HATHAM AREA	5312	1739	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	326	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	30	3235	6801	3566
		8800	293	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404922	THE DURHAM CENT ER	8329	161	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8505	100	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	263	263	0
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404923	FIVE COUNTY MH	79	155	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8329	71	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	9	376	3722	3346
		191	41	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404925	SANDHILLS CENTE R FOR MH/DD	8534	540	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8536	497	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	72	2185	10705	8520
		79	383	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404926	SOUTHEASTERN RE G MENTAL HL	21	274	DUPLICATE OF CLAIM-SYSTEM				
		11	170	CLIENT NOT ELIGIBLE ON SERVICE DATE	36	715	4182	3467
		8535	134	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404927	CUMBERLAND CO M HC	79	519	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		23	97	SERVICE REQUIRES PRIOR APPROVA L	14	757	1413	656
		10	54	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC BILLING OF	11	185	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	185	199	14
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	191	69	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	112	2913	2801
		21	14	DUPLICATE OF CLAIM-SYSTEM				
3404934	ONSLow CARTERET BEHAV HEAL	8534	73	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		79	45	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	149	175	26
		8535	15	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8518	30	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8933	1	ADTMC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1	32	53	21
		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGEcombe NASH MNTL HLTH C	8599	716	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	24	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	752	868	116
		21	10	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	21	41	DUPLICATE OF CLAIM-SYSTEM				
		8622	27	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, FA IS REQUIRED FOR ADDITIONAL SERVICE.	0	137	1054	917
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	ROANOKE CHOWAN UMAN SERVIC	21	34	DUPLICATE OF CLAIM-SYSTEM				
		8599	25	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	61	316	255
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404943	ALBEMARLE MENTA L HEALTH CE	79	43	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8931	26	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	35	148	1127	979
		5404	24	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404944	EASTPOINTE HUMA N SERVICES	191	81	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	158	571	413
		120	25	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	37	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	21	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	20	87	634	547
		8935	20	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404957	TIDELAND MENTAL HEALTH CTR	8518	123	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	9	147	197	50
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TMC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	79	133	THIS SERVICE IS NOT PAYABLE TO				
	H/DD/SA PRO			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8537	52	PROCEDURE IS NOT PAYABLE FOR Y	21	263	4586	4323
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
		8599	28	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				